March 2006

RCRAInfo CM&E EVA	LUATION - VIC	DLATION FORM	SEP 1 0 2006
*EPA ID Number PAD 04209	12239	EIN	
Handler Name Knight - Cel	oTex LLC		
Street 1400 Susquehanna	Ave		
City Suppers State	PA	Zip Code 178	01
Actual Generator Status  Check only if different from Notified Status.	SQG CE	SQG Closed	Non-Handier
Universe Change Required? (Generator Status Change Required)  YES □ NO ☒	If YES, complete the Ur	niverse Change Section (on reve	rse side of this form).
	s, complete the Handler Sec	ction (on reverse side of this form	1).
Other Facility Information Changes? YES NO		Handler Section (on reverse sid	
*EVALUATION Add Update		ou must provide an Evalue nown as the Sequence Nu	
*Evaluation *Type *Evaluation Start Date Identifier (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
OCI CEI 06/07/2006	S	T. A.M.	W.M.
You need to specify Day Zero for all evaluation types except CDI, CSNY, and SNN, otherwise it defaults to Evaluation Start Date. For CCSE, FUI, and SNY evaluations, you must select a previous CEI Start for the Day Zero. SNN evaluation type does not require a Day Zero.	SÉ, FÚÍ, DÍ, art Date	Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.	
Notes:			
Evaluation Indica  Citizen Complaint Multimedia Insp	tor Field (Check all that ection Samp		e C
BIF CCI CFI INC THI UIC UOID UWR	DTHER (specify	PTX []	
Does this Evaluation Add/Update/Delete a Violation?	YES NO	If Yes, fill in the Violations S of this form.	Section(s) on page 2
Does this Evaluation link to a Commitment?	YES NO	If Yes, please use the RCRA Information Requests and C	
Does this Evaluation link to a 3007 Request?	YES NO	If Yes, please use the RCRA Information Requests and C	Info 3007
DUTSTANDING VIOLATIONS COVERED BY ABOVE-E	EVALUATION? YES	NO If Yes, fill in in	formation below.
*Seq. No. *Violation Type *Agency	*Regulation Citatio (Type + Citation) (ex. FR 262.1)	Dat	te Determined nm/dd/yyyy)
		į !	I !

\*Required Fields

RCRAInfo CM&E Evaluation-Violation Form, Page 2 **EPA ID Number Handler Name** VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form) VIOLATION Add Update Delete Link to Above Evaluation Violation Determined Date Return to Compliance (RTC) Actual RTC Date Seq. No Agency (mm/dd/yyyy) Qualifier Type (mm/dd/yyyy) A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES [ NO 🗆 If Yes, fill in information below Citation Citation Citation Citation Type Type VIOLATION Add Update Delete Link to Above Evaluation Violation Determined Date Return to Compliance (RTC) Actual RTC Date Seq. No Agency Туре (mm/dd/yyyy) Qualifier (mm/dd/yyyy) A RTC Qualifier is required if entering an Actual RTC Date. Notes: LINK CITATIONS TO ABOVE VIOLATION? YES 🔽 NO 🗆 If Yes, fill in information below Citation Citation Citation Citation Type ₹ype HANDLER SECTION (Fill out if RCRA Non-Notifier) **Handler Name** Contact Street City State Zip Code County UNIVERSE CHANGE SECTION (Fill out if Universe Change Required) Indicate the Facility's current Universe(s): Indicate the new RCRAInfo Generator Universe: sqg □ CEG□ LQG 🗆 Note: All TSD activity of anges must be handled by the IOR and Non-Handler □ Closed □ cannot be made using this form. Transporter Non-Transporter If the transporter box is checked, you must check at iii. Indicate the new transporter status: Check non-transporter if the facility is least one mode of transportation below: (Only fill out if the facility requires a currently listed in RCRAInfo as a ☐ Air transporter status change) □Water transporter AND no longer transports □ Rail □ Other hazardous waste. ☐ Highway

<sup>\*</sup>Required Fields



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date: 6/7/06
Time Start: 9:28 A.M.
Time Finished.

Insp. I.D. - 1541288

## HAZARDOUS WASTE INSPECTION REPORT CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company Name Knight-Celotex LLC		ID Number	PAD042092239
Address 1400 Susquehanna Ave. P.O. E	3ox 267		
County Northumberland Munic	cipality Sunbury City		ZIP <u>17801</u>
Name of Inspector Todd A. Miller			
Name & Title of Responsible Official John	Silvestri, Corporate Environmental		
Person Interviewed Kevin Snyder		Telephone _	570-286-5831
Mailing Address (if different from above) _sa	ame		
Amount of Hazardous Waste Generated per Month:	<100	kg <220	lbs
Waste Determination Completed? ☑ Yes □	No Waste On-Site Greater Than	1,000 kg. □Yes 🗹 No	o. ☐ Not Determined
Universal Waste: Large Quantity Handler?	□ Small Quantit	y Handler? □	
Universal Waste Types Not Determined			
Waste Handling Method:			
☐ Off -Site in a treatment, storage or d 265. ☐ On-Site treatment & off-site treatme ☐ Off-Site in a permitted municipal or i☐ Off-Site to a facility which beneficiall☐ Off-Site to a facility that treats waste  2. Hazardous Waste Transportation: Se  If No: Transporter Name Zep License Number  3. Types of hazardous waste generated	nt, storage or disposal in compliance industrial facility in another state. It is uses or reuses, or legitimately receiption to beneficial use or reuse, or it is is in the image in the image. If Transportation I Yes IN	e with 261.5(f)(g) or (j cycles or reclaims its w legitimately recycles o	vaste.
		<del>`</del>	
	ste Description	Destination Facility	1
Not Determined as of yet.	The state of the s		

#### **INSPECTION REPORT COMMENTS**

, D	Date of Inspection 6/7/06 Identification Number PAD042092239	
C	Company/Facility/Site Name Knight-Celotex LLC	
Th	he Department conducted an unannounced routine inspection of the aforementione	d facility.
Up	pon investigation of the complaint the Department observed the following:	
1.	The Department observed that the facility had a parts washer that has recently be	en taken out
	of service. The parts washer is now waiting for Safety Kleen to come and remove	it from site.
2.	The facility has now received a new parts washer which is supplied by ZEP. The	facility
	informed the Department that the new Zep parts washer is a water based parts washer is a water based parts washer is a water based parts washer in a water based parts washer is a water based parts washer is a water based parts washer in a water based parts washer is a water based parts washer in a water based part washer based parts washer in a water based parts washer base	asher. Any
	waste that is generated by the parts washer is considered to be non-hazardous ac	cording to the
	facility. The only waste that comes off of the Zep parts washer is the filter which is	s landfillable.
	The actual water based solvent never is removed from the cleaner.	
3.	The Department was also informed by the facility that it has switched to Recoil Inc	. for disposal
	of all of it's waste oil. The facility stated that in May 2006, Recoil had come to rem	ove some
	waste oil at the site. When Recoil tested the oil with a dexil kit, it showed up as a	hazardous
	waste. The facility stated that it believed there was some residual morpholine in t	he drum
	when the product was removed for it's boiler area. The morpholine is a product us	sed in the
	boilers. The drum was then used to collect waste oil. The facility also stated that	it's possible
	that some antifreeze was also mixed in with the waste. After the drum was determ	nined to be a
	hazardous waste the facility had Saftey Kleen Corporation come to the site and re	move the
	waste as hazardous. The manifest for this removal is attached to this report.	
4.	The Department observed that the facility produces very little if any hazardous was	ste and
	recommends that the facility change it's status to Conditionally Exempt Small Qua	ntity
	Generator. As of now the facility is considered a Small Quantity Generator.	
<b>5</b> .	The Department observed no violations with the facility's hazardous waste manage	ement at the
	time of this inspection.	
notif note T gran	This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report tification of any violations observed during the inspection. Additional notification of violations may be issued concerning either ted herein, or other violations identified as a result of review of laboratory analyses or Department records.  This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be detent or imply immunity from legal action for any violation noted herein.  Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknow person was shown the report or that a copy was left with the person.	er violations emed to
	erson Interviewed (Signature)	
Insp	spector (Signature) Todal a. miller Date 6/7	106
	Page of	

# 55

Safety-Kleen Systems, Inc 5400 Legacy Drive Plano, TX 75024 Page 1 of 1
ORIGINAL INVOICE

DUNS NO: 05-397-6551 FED ID NO: 39-6090019

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SK SERVICE FACILITY:	TAX STATUS/NUMBER '	INVOICE DATE	Invoice Number
BR New Kingstown		05/19/2006	
FACILITY PHONE NUMBER:	VENDOR NUMBER:	TERMS:	0031789513
717-697-9783		Net 30	

003181 2 MB 0.563 3181/003181/003458 015 4 6142001 CELOTEX INC 1400 SUSQUEHANNA AVE SUNBURY PA 17801-1160

SERVICE LOCATION

CELOTEX INC 1400 SUSQUEHANNA AVE SUNBURY , PA 17801-1160

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TOTAL TAX

**INVOICE TOTAL** 

ACCOUNT NUMB	ER:	SERVICE NUMBER:	LOCATION NUME	BER:	SPECIAL BILLING	G CODE:	
0000059166	·	0000059166	206701				003 30
Departme Service Da Release Numb	te:05/17/2006	Department Name: Service Doc Number: Transporter:	0031789513		O Number: st Number:		
QUANTITY	DESC./REF	ERENCE NUMBER	PRICE PER	SALES	S TAX	ITEM TOTAL	
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1.000		SERVICE AREA FEE 10044-00-000000000-0000000	10.0000 EA	0	0.00	10.00	
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	INVOICE S	SUBTOTAL	DE	CEI	<b>VED</b>	1831.79	

Comments:

SUNBURY PLANT

MAY 3 0 2006

PLEASE RETURN THIS PORTION WITH PAYMENT. MAKE ANY ADDRESS CORRECTIONS BELOW

CELOTEX INC, 1400 SUSQUEHANNA AVE, SUNBURY, PA 17801-1160



ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE	SERVICE NUMBER	AMOUNT PAID
0000059166	0031789513	05/19/2006	0000059166	

000317895130000059166300001831798

PO Box 382066 Pittsburgh, PA 15250-8066

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AMOUNT DUE \$1,831.79

0.00

\$1,831.79

### PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION Bureau of Land Recycling and Waste Management

P.O. Box 8550 Harrisburg, PA 17105-8550 OFFICIAL PENNSYLVANIA MANIFE		Form approved OMB No. 2050-	
1. Generatore US EPA ID No.	feet 2. Page 1	Information within the bold red border not required by Federal law but may be required by State law.	is
		nifest Document Number	. :

WASTE MANIFEST   PAD042092239	513	not required i	on within the bold red border is red by Federal law but may be by State law.
S: Generator's Name and Mailing Address CELOTEX INC PO BOX 267 SUNBURY PA 17801-0267		PAH 2	35540
SUNBURY 4. Generator's Phone ( 570) 286-5831		State Gen. ID	
5. Transporter_1 Company Name 6. US EPA ID Number	C.	PA-AH 0 1	7 2
SAFETY-KLEEN SYSTEMS, INC TXR000050930 7. Transporter 2 Company Name 8. US EPA ID Number 20		Transporter's Phone 7	17 697-9783
9. Designated Facility Name and Site Address 000658 10. US EPA ID Number		State Trans. ID PA-AH 🗢	15
SAFETY-KLEEN SYSTEMS, INC. 3700 LAGRANGE ROAD		7 7 7 7 7	Pacy 521255=
SMITHFIELD KY 40068   KYD053348108		State Facility's ID	845-2453
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers	13. Total	14. I. Unit Waste No.
I HM	No. Typ		DO06
* X HAZARDOUS WASTE, LIQUID, N.O.S. (CHROMIUM, LEAD) 9 NA3082 PG III (ERG#171)	DM		D007
I I CMD OT			NONE
GE (NOT RCRA REGULATED)	006 DW	2700	P
E c.			
A C C C C C C C C C C C C C C C C C C C			
R d			
J. Additional Descriptions for Materials Listed Above	1	nelling Codes for Waste	e Listed Above
TA) D008	SO1	$\parallel$ .	с.
		1061	
15. Special Handling Instructions and Additional Information MFST	R/T#1073	27472 0000	d 0-0591-66
EMERGENCY RESP 800-468-1760(24 HR). IF UNDELIVE SK CORP AUTHORIZED TO RETAIN LICENSED SUBSEQUEN	NT CARRI	ERS AS NEC	ESSARY.
SAMPLE A. 40144026 B. 40144022			
SKDOT# A: 22284 B: 16847	77 C:	D:	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully ar	nd accurately descr	bed above by proper s	hipping name and are
classified, packed, marked and labeled and are in all respects in proper condition for transport by highway account large quantity generator, I certify that I have a program in place to reduce the volume and toxicity practicable and that I have selected the practicable method of treatment, storage, or disposal currently available.	of waste generated to me which minim	to the degree I have zes the present and fut	determined to be economical ture threat to human health an
the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste go to me and that I can afford.  Printed/Typed Name)  Signature	eneration and selec	t the best waste manag	gement method that is available  MONTH DAY YEAR
Maha Tours	2		105/18/06
17. Transports: 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature			MONTH DAY YEAR
18. Transporter 2 Acknowledgement of Receipt of Meterials			102/10/10
Printed/Typed Name Apa 1	77		MONTH DAY YEAR OF
19. Discrepancy Indication Space		<del></del>	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted	in item 19.	<del></del>	

5400 Legacy Drive, Cluster II, B3	800-669-5740	ECARE		IS NO. 05-397-			ID NO. 39609			· U · · ·		DULED	SCHE	DULED	REFERENCE
Plano, Texas 75024 CUSTOMER NO.	www.safety-kleen.com		FOR SERVICE CAL		BRANCH	H MANA	AGEH		DOC, EXP.	-	SERVIC	E WEEK	TER	RITORY	REFERENCE NUMBER
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CUSTOMER REFERENCE															

### OTECTION nt

Form approved.
OMB No. 2050-0039

	PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL P	R
	Bureau of Land Recycling and Waste Managem	1ei
	P.O. Roy 8550	
00-FM-LRWM0051 REV. 7/93-067-01	Harrisburg, PA 17105-8550	

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA PADO 4 2 0 9 2 2 3 9 4	ID No.	Manifest Jocument No	2. Pag		by Federa	bold red border is		
3. Generator's Name and Mailing Address CELOTEX INC PO BOX 267 SUNBURY PA 17801-0267  4. Generator's Phone (570) 286-5831									
5. Transporter 1 Company Name		6. US EPA ID Number		C. Sta	te Trans. ID 0 1	7 2			
SAFETY-KLEEN SYSTEM	IS, INC TXROO	0050930		P	A-AH	_	7-9783		
7. Transporter 2 Company Name	1	8. US EPA ID Number			nsporter's Phone ( ** te Trans. ID	93.			
9. Designated Facility Name and Site Address		10. US EPA ID Number		Р	A-AH				
SAFETY-KLEEN SYSTEM 3700 LAGRANGE ROAD					nsporters Phone (	)			
SMITHFIELD KY	40068 KYD05:	3348108			te Facility's ID	45-2	2453		
44 US DOT Description (Including Description			12. Cont		13. Total	14. Unit	í. Waste No.		
11. US DOT Description (Including Proper Ship			No.	Туре	Quantity	Wt/Vo	i		
A HAZARDOUS W (CHROMIUM, LEA (ERG#171)	ASTE, LIQUID, 1 D) 9 NA3082 PG	III		DM		₽.	D006 D007		
MASTE OIL (NOT RCRA REGU	LATED)		006	DM	2700	P	NONE		
c.									
d.			<b> </b>			+-			
J. Additional Descriptions for Materials Listed A	bove		<del></del>	K. Handi	ing Codes for Wastes L	isted Abo	<u> </u> ve		
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				а.	с.				
				Ь.	d				
15. Special Handling Instructions and Additional EMERGENCY RESP 800-6 SK CORP AUTHORIZED SAMPLE A. 40144026	468-1760(24 HR)	. IF UNDELIV ISED SUBSEQUE	<i>T</i> ERABLE	RET	472 0000- URN TO GE S AS NECE	NERA	TOR.		
:-	SKDOT# A: 2	2284 B: 1684	177 C:		D:		ſ,		
16. GENERATOR'S CERTIFICATION: classified, packed, marked and labeled and If I am a large quantity generator, I cer practicable and that I have selected the practice the environment; OR, if I am a small quantit to me and that I can afford.	l are in all respects in proper condition tify that I have a program in place to cticable method of treatment, storage	o reduce the volume and toxice, or disposal currently availal	city of waste ge ble to me which	nerated to minimizes	the degree I have de the present and future	ermined to	human health and		
Printed/Typed Name		Signature	2_			MONTH ()5	DAY YEAR		
Pfinted/Typed Name  18. Transporter 2 Acknowledgement of Receipt of Materia		Signature				MONTH	DAY YEAR		
Printed/Typed Name	110	Signature C	Ź			момтн	DAY YEAR		
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of rec Printed/Typed Name	ceipt of hazardous materials covered	by this manifest except as not Signature	ed in item 19.			молтн	DAY YEAR		

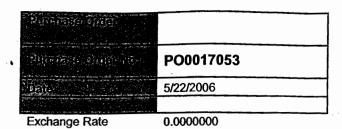
#### Knight-Celotex - Sunbury 93

1400 Susquehanna Sunbury PA 17801

(570) 286-5831

#### Vendor:

SAFETY KLEEN CORP P O BOX 382066 Pittsburgh PA 15250-8066



#### Ship To:

Knight-Celotex - Sunbury 93 1400 Susquehanna Sunbury PA 17801

^ Changed Since the Previous Revision

Changes once the French	20 1 (01)011				
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1 9360510465	DISPOSAL OF WASTE OIL	5/22/2006 DRM	6	\$302.00	\$1,812.00
	9360510465	None			

All invoices, packing lists, and shipping containers must show our purchase order number.

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rade disedim	\$0.00
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